

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/069714	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51	
		1				52	
		1				53	
		4		4		54	
	1	1		1		55	
7						56	
3						57	
9						58	
0	1					59	
1						60	
2						61	
13						62	
14						63	
15						64	
16						65	
17						66	
18						67	
19						68	
20						69	
21						70	
22						71	
23						72	
24						73	
25						74	
26						75	
27						76	
28						77	
29						78	
30						79	
31						80	
32						81	
33						82	
34						83	
35						84	
36						85	
37						86	
38						87	
39						88	
40						89	
41						90	
42						91	
43						92	
44						93	
45						94	
46						95	
47						96	
48						97	
49						98	
50						99	
TOTAL IND.		1				100	
TOTAL DEP.		12					
TOTAL CLAIMS		12					

Best Available Copy